

REGISTRATION FORM

EMPLOYMENT OF A DISQUALIFIED OR SUSPENDED ATTORNEY

(Full Name of Disqualified¹ or Suspended Attorney)

I am an attorney licensed to practice law in the state of Ohio and I am in good standing with the Supreme Court of Ohio. I hereby submit this registration form to the Disciplinary Counsel of the Supreme Court of Ohio pursuant to Gov. Bar R. V(23). In my capacity as an attorney actively engaged in the practice of law, I desire to enter into an employment, contractual or consulting relationship with the disqualified or suspended attorney identified above.

I understand that upon receipt of this registration form, the Disciplinary Counsel shall review the form and send a written acknowledgement to me. Upon receipt of the written acknowledgement from Disciplinary Counsel, the employment, contractual, or consulting relationship may commence.

I hereby attest and affirm that (name(s) of supervising attorney(s)) _____
_____, _____ and I
will supervise and will be responsible for the work of the disqualified or suspended attorney²

I further attest and affirm that I have not entered into an employment, contractual, or consulting relationship with a disqualified attorney who was associated as a partner, shareholder, member, or employee of mine or of the law firm that now employs the disqualified attorney at the time the disqualified attorney engaged in the conduct that resulted in his or her disqualification from the practice of law

¹ As used herein, "disqualified attorney" means a former attorney who has been disbarred or who has resigned with discipline pending. Gov. Bar R. V(23).

² A separate affidavit must be executed by each supervising attorney.

I hereby attest and affirm that during the course of his/her employment, the disqualified or suspended attorney will not have any direct client contact other than serving as an observer in a meeting, hearing, or other interaction between an attorney and a client. I hereby attest and affirm that the disqualified or suspended attorney will not receive, disburse, or otherwise handle client funds or property.

I hereby attest and affirm that the services of the disqualified or suspended attorney shall be limited to the following (description of duties to be performed or services to be provided):

I understand that I am required to file a new registration form with the Office of Disciplinary Counsel if there is any material change in the information I have provided on this form. I understand that it is my responsibility to notify the Office of Disciplinary Counsel upon termination of the employment, contractual, or consulting relationship with the disqualified or suspended attorney

I understand that if the disqualified or suspended attorney performs work or provides services in connection with any client matter, I, as the employing attorney, am required to inform the client of the status of the disqualified or suspended attorney. The notice shall be in writing and shall be provided to the client before the disqualified or suspended attorney performs any work or provides any services in connection with the client matter.

I understand that I may be required at any time to provide additional information regarding my employment of the disqualified or suspended attorney if requested by the Office of Disciplinary Counsel.

FORM SUBMITTED BY:

Printed Name of Employing
Attorney

Printed Name of Disqualified/Suspended
Atty.

Employing Attorney's Signature

Disqualified or Suspended Attorney's
Signature

Employing Attorney's Reg. No.

Disqualified or Suspended Attorney's Reg.
No.

Supervising Attorney's Signature

Date form signed

Supervising Attorney's Reg. No.

Home Address

Date form signed

City, State, Zip Code

Firm Name

Area Code and Telephone Number

Office Address

City, State, Zip Code

Area Code and Telephone Number

**AFFIDAVIT
OF THE EMPLOYER AND/OR SUPERVISING
ATTORNEY OF A DISQUALIFIED OR SUSPENDED
ATTORNEY**

STATE OF OHIO)
)
) **SS:**
COUNTY OF _____)

- 1 I, _____(printed name of employing and/or supervising attorney), hereby attest and affirm that I am the employer and/or supervising Attorney of _____ (printed name of disqualified or suspended attorney), a disqualified or suspended attorney.
2. I hereby attest and affirm that I have read Gov. Bar R. V(23).
3. I hereby attest and affirm that I have read the Supreme Court of Ohio's order as well as the Court's opinion suspending, disbarring, or accepting the resignation with disciplinary action pending of the above-named disqualified or suspended attorney and that I fully understand the limitations contained in the rule and the order.

In Witness Whereof, the undersigned has executed this Affidavit on this _____ day of _____, 20__.

Affiant

Sworn to or affirmed by and subscribed before me on this ___ day of _____
20__.

Notary Public
My Commission Expires